

PTO/SB/05 (11-00)

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No Thomas Fahrig First Inventor **Use of Chromans**

ET091554625US Express Mail Label No. (Only for new nonprovisional applications under 37 CFR 1.53(b)) Assistant Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original and a duplicate for Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) (preferred errangement set forth below) 3. X Computer Readable Form (CRF) - Descriptive title of the invention Specification Sequence Listing on: - Cross Reference to Related Applications i. CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, ii. 🔲 or a computer program listing appendix - Background of the Invention Statements verifying identity of above copies Brief Summary of the Invention
 Brief Description of the Drawings (if filed) ACCOMPANYING APPLICATION PARTS - Detailed Description 9. Assignment Papers (cover sheet & document(s)) - Claim(s) 37 CFR 3.73(b) Statement Power of - Abstract of the Disclosure 10. (when there is an assignee) Attorney 11. English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [T otal Sheets 1 Copies of IDS Information Disclosure 5. Oath or Declaration 12. [Total Pages Citations Statement (IDS)/PTO-1449 13. X **Preliminary Amendment** Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) 14. X (Should be specifically itemized) **DELETION OF INVENTOR(S)** Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. X Signed statement attached deleting inventor(s) Request and Certification under 35 U.S.C. 122 named in the prior application, see 37 CFR 16. 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 6. X Application Data Sheet. See 37 CFR 1.76 Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No .: _ Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS X Customer Number or Bar Code Label Correspondence address below (Insert Customer No. or Attach bar code label here) Jeffrey M. Greenman Name Vice President, Patents and Licensing Bayer Corporation, 400 Morgan Lane Address City West Haven State Connecticut Zip Code 06516 Country US (203) 812-6450 Telephone Fax (203) 812-6459 Name (Print/Type) Susan M. Pellegrino 48.972 Registration No. (Attorney/Agent) JAN 0 9 2002 Date

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PTO/SB/17 (11-00)

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FEE TRANSMITTA				Apr	Application Number							
for FY 2001 Patent fees are subject to annual revision.					Filing Date			JAN 0 9 2002				
				1	First Named Inventor			Thomas Fahrig				
					Examiner Name			1110111	Tomas Famig			
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Applicant claims small entity status.				39 130	130 139 130 Non-English specification							
See 37 CFR 1.27				47 2,520	2,520 147 2,520 For filing a request for ex parte reexamination							
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109 80 209 40 ** Reissue independent claims over original patent					examined (37 CFR § 1.129(b))							
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SUBMITTED BY									Complete (if	englicable)		
Name (Print/Type) Susan M. Pellegrino				Registration No. (Attorney/Agent) 48,972					Telephone (203) 812-6450			
Signature	Susan	YX. 1/2	000	Allomeyr		- -	_,_,_		Date	JAN 0		

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